

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/521614 FILING DATE 3-9-00  
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
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49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	47					
TOTAL CLAIMS	50					

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51		1		
52		1		
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97		1		
98		1		
99		1		
100		1		
TOTAL IND.	3			
TOTAL DEP.	25			
TOTAL CLAIMS	28			

Best Available Copy